

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

Serial No.

10/552457

Filed Date

Applicant

**CLAIMS**

	AS FILED		AFTER CANCELLMENT		AFTER RE-AMENDMENT			AS FILED		AFTER CANCELLMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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